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Jonkman, H.B.

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3. PREVENTION

Harrie Jonkman, Tom van Yperen and Bert Prinsen

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INTRODUCTION

Violence, delinquency and anti-social behaviour of children and youngsters are serious social problems. They have consequences for individuals as well as for society, now and in the future. In addition to psychosocial damage to victims, there may also be substantial financial consequences (Van Lier & Crijnen, 2003; Loeber & Farrington, 2001; Keating & Herzman, 1999). Violence, delinquency and anti-social behaviour are often linked to early disruptive behaviours. They are also related to other problem behaviours in a later developmental phase, such as substance abuse, dropping out of school, teen pregnancy and adult mental health problems (Rutter & Taylor, 2004; Loeber et al, 2001; Kipke et al., 1999; Dryfoos, 1998; Rutter et al., 1998). In this respect, intuitively, efforts to prevent early delinquency cannot be wrong.

In the Netherlands, the appeal of preventive efforts has led to a flourishing practice of projects and programmes. In the recent years, however, a number of critical questions have been put forward. Are these preventive efforts really effective? Can these interventions be brought into action at the right place, the right moment and as early as possible? Can people and institutions really use them? Thus far, many of these questions remain to be answered. Nevertheless, in the Netherlands as elsewhere, in the last five years a new practice has risen of critical evaluating existing prevention programmes and searching for and implementing effective, 'evidence-based' interventions. This practice has shown that in the Netherlands there is a long way to go towards identifying and implementing early, usable and effective prevention programmes.

In the 1990s, youth delinquency - and in particular violence - had become a social problem of the first order (Van der Laan, 2005). This phenomenon gained much attention in the media, and it became a serious political topic on national and local levels. The result was that on the one hand, the Netherlands followed the course of the United States and England by introducing the 'culture of control' (Garland, 2001): there was an increasing emphasis on repression of delinquency on different levels. More violent and delinquent youngsters were locked up or placed in special treatment facilities. On the other hand, pleas for prevention policy and programmes are growing strongly. However, the theoretical foundations for this preventive path were still limited. Moreover, the empirical research on the validity of these foundations, and the effectiveness of the programmes was still very scarce. Prevention policy was mostly based on intuition rather than a more scientific approach (Junger-Tas, 2001).

At the same time, our knowledge about the development of these problem behaviours had increased enormously. Research revealed the risk factors in early development, and shed light on the biological, familial and social influences in the developmental pathways of these youngsters (Rutter & Taylor, 2004; Junger-Tas 2001; Elliott & Tolan, 1999; Rutter et al. 1998; Loeber & Farrington, 1998; Tremblay & Craig 1995). It became clear that these developmental pathways can best be influenced at an early stage, when behavioural patterns are still fluid and have not become stable yet. In addition, studies showed that some preventive interventions are working better than others, and yielded increasing insight into ‘what works’ in the prevention of delinquency (Elliott & Tolan, 1999; Dryfoos, 1998; 1990; Durlak, 1997; Elliott, 1997; Sherman et al., 1996). These studies, however, came mainly from abroad and the findings were only marginally adopted in the ever-growing number of Dutch prevention projects.

As we will discuss later, studies show that in the 1980s and 1990s a wide range of prevention programmes have been developed of which only a very few have an explicit, up-to-date theoretical rationale (Verdurmen et al., 2003; Hermanns & Vergeer, 2002). Moreover, almost none of these programmes have been adequately evaluated for effectiveness. This is a dramatic finding in view of the growing problem of youth delinquency in Dutch society. It calls for a drastic renovation of both the prevention and evaluation practice in this country. The first step in this process is to examine the theoretical concepts that should be at the foundation of this practice. The second is to learn as much as possible from the few programmes that have a sound rationale and that have a proven success record.

A THEORETICAL FRAMEWORK FOR PREVENTION

The Developmental Perspective. The prevention of anti-social behaviour at an early stage is made possible by current knowledge of the behavioural development of these behaviours from childhood onward. The knowledge of the factors that cause, maintain, or aggravate behaviours comes from epidemiological and longitudinal research (Jonkman et al., 2005; US Public Health Service, 2001; Catalano & Hawkins, 1996). The results of this research have substantially improved our knowledge. It has become clear that a successful prevention strategy can be anchored in the early phases of the developmental pathways that lead to youth delinquency (see also Chapters 5-9, this volume). One of the key elements of this kind of developmental prevention is that the programme is aimed at suppressing or eliminating risk factors that increase the probability of children becoming tomorrow's delinquents. The intervention, then, can be considered as a promotive factor that serves as a counterbalance to compensate for stable risk factors. For example, children from low-income families with both parents working are offered cheap facilities for after school activities that are supervised by adults. The programme can also change dynamic risk factors into protective factors. For example, a programme may encourage teachers and parents, who use negative disciplinary strategies (such as giving warnings, uttering threats, and administering punishment) to use more positive strategies (such as ignoring negative behaviour and praising children for their positive behaviour).

Our theoretical framework of prevention programmes follows the example set by Van Yperen and Boendermaker (Chapter 12, this volume):

- The first issue concerns which mediators are influenced by a particular intervention. In line with the developmental approach, these mediators extend to the different developmental stages of the child. A preventive programme is likely to be effective if: (a) the programme addresses true risk factors that are causally related to later delinquent behaviour, and (b) the programme enhances protective factors that buffer the presence of risk factors.
- The second issue concerns how these mediators are addressed in interventions. This calls for knowledge on how and when the mechanisms and factors that are in play can be changed.

We will now discuss these two aspects of prevention.

Which Risk Factors and Mechanisms? It is common to consider these factors and mechanisms in relation to four actors in the development of children: the child itself, the family, significant others and the broader environment (community, state). Constitutional and physiological factors and the genetic make-up of the child can act as risk factors and mechanisms which influence children's development of externalizing behaviour (see Chapter 5, this volume). For example, the use of drugs, cigarettes and alcohol by the mother during pregnancy, and birth problems may affect the child's brain development, which in turn is associated with higher risks of later child behavioural problems (Van Lier, 2002; Loeber & Farrington, 2001; Jessor, 1998; Moffitt, 1997). Furthermore, we know that children born with a difficult temperament often show a lack of self-control in different social settings and react with anger and impulsivity. This in turn leads to a higher risk of later antisocial and delinquent behaviour (Moffitt, 1997). In addition, young children who show early behavioural, cognitive and school problems have a higher likelihood to show later antisocial and delinquent behaviour.

As to the family, lack of communication, poor bonding, lack of love and trust, but also frequent tensions and quarrels are known to have a negative impact on children's development (Furstenberg et al., 1999; Damon, 1997; see also Chapter 6, this volume). Also relevant are internal management qualities of parents (how they run the family life) and their external management qualities (how they control and follow what their children do outside the home; see Furstenberg et al., 1999). The latter become increasingly important when youngsters begin to expand their activities outside the home.

The quality of the school environment is another important factor (Greenberg et al., 2003). Failure to recognize and deal early with children who show behavioural and school problems may have far reaching consequences. These children have a higher likelihood of later anti-social behaviour. They may also be a risk for other children in the school, as they may act as a negative role model for peers, contribute to a negative social climate in the school and persuade children to join in their anti-social activities (see Chapter 7, this volume). In other words, a lack of positive classroom management competencies by the teacher, and the absence of effective programmes to prevent or diminish beginning behavioural or school problems, poses a high risk for both the children with, and without these problems.

The influence of peers is also important in the development of anti-social behaviour. Peers who are engaged in delinquency can influence the behaviour of youngsters in a negative way. Also membership of a gang can do this (Loeber & Farrington, 1998).

As to the broader social context of the community, lack of social control, an economically disadvantaged neighbourhood with a high prevalence of delinquency, drug abuse and other anti-social behaviour, are an

important threat to the development of the children living in these environments (Wilson, 1987). That these risks are linked to specific neighbourhoods does not mean that this is a local problem only. Comparative studies show that there can be a higher prevalence of violence, delinquency and antisocial behaviour in one country and not in another. This may be the result of historical, political, and cultural factors (WHO, 2002; Garland, 2001; McCord, 1997).

Since the risk factors in the development of antisocial behaviour can be found in the prenatal period, in the child, in the familial environment, in the school, and in the community, the question of how to intervene seems simple. One should have a broad set of programmes in each of these domains, in order to optimize the conditions under which children grow up. One could also argue that these interventions should be targeted on as many people and situations as possible. However, things are not as easy as they appear. A plethora of preventive interventions may be redundant, far too intrusive, and the results may be disappointing in view of the enormous costs involved. Instead, programmes should be well targeted, and if possible, be highly selective so that resources are used with optimal effect. In other words, preventive activities have to be performed at the right place, at the right moment and with the right tools.

Current knowledge about developmental pathways, and risk and protective factors allows us to pinpoint four life-stages in the developmental trajectories of children and adolescents that can serve as anchor points for preventive interventions:

- The pre- and perinatal period (-9 months – + 2 months). Prevention interventions in this period should offer support to parents during pregnancy, stimulating them to refrain from the use of alcohol, cigarettes and drugs, and helping them to prepare on becoming parents.
- The preschool period (0-4 years). Prevention interventions in this period should support parents with information and training programmes on healthy lifestyles, positive parenting, adequate family communication, and having a supportive social network (Damon, 1990).
- The elementary school period (5-11 years). Prevention interventions in this period should continue to support the parents and teach them to control the external environment of the child, by supporting and training children with difficult temperaments to function well, and by educating and training teachers in adequate classroom management (Damon, 1997; Kellam et al., 1994).
- Puberty and the adolescent period (12-18 years). Prevention activities for this group should continue to support the parents, youngsters and teachers, and also involve the community in practising social control

and offering the youngsters substantial chances to participate in social, cultural, and economic activities (Sampson, Raudenbusch & Earl, 1997). Societies with few social differences between groups and in which groups are not discriminated and isolated show less child problem behaviour (Keating & Herzman, 1999; McCord, 1997). Thus, such societies seem to provide a protective environment against delinquent and antisocial behaviour.

How: The Working Ingredients of Prevention. The next question is: how are the mechanisms and factors addressed? Four types of working ingredients can be distinguished here:

- Activities that address the children directly. A well known example is the scheduling of violent television movies late in the evening in order to limit the exposure of young children to models of antisocial behaviour. Another example is the use of school programmes to teach children and adolescents how to cope with provocative situations in a pro-social manner.

- Supporting parents and families can be a very effective way of preventing anti-social behaviour of children and youngsters. Parenting and family interventions to prevent these problems are based on theoretical and empirical evidence (Kumpfer & Alvarado, 2003). Early family interventions are, for example, home visitation (programmatic support of parents by nurses or volunteers) and early educational enrichment (programmatic stimulation of family to improve educational chances of children later on). Other kinds of interventions include family therapy (preventive programmes for parents or families with risks) and family skills training (behavioural skills training for parents, their children and the family together).

- Activities directed at significant others in the child's environment with particular focus on peers and teachers in the school. Peers can influence each other strongly in a positive sense (see Chapter 7, this volume). An example is tutoring programmes in which youngsters at risk are tutored by other, social and emotional positive youngsters. Teacher programmes are often orientated at academic skills, but also on social skills and classroom management (Ferrer-Wreder et al., 2004; Greenberg et al., 2003).

- Activities addressing the school, neighbourhood and the state. The influence of the social context is gaining increasing interest as a factor in supporting the health and development of children and adolescents. There is growing interest in environmental change programs reaching schools and other community settings targeting broader population groups. (Ferrer-Wreder et al., 2004; Wandersman & Florin, 2003).

Mrazek & Haggerty (1994) and Offord et al. (1999) suggested another way of making a distinction between different ways in which prevention programmes address risk factors and mechanisms:

- Universal interventions are those interventions targeted at whole populations, without any selection of groups characterized by specific risk factors. They consist, for example, of simple information campaigns, or a standard training of professionals that work in institutions that support children and parents, teachers and youth workers.

- Targeted and clinical interventions focus on groups characterized by specific risk factors, e.g. young mothers in low-income families without an adequate social network. These programmes usually work with narrow-targeted activities such as informing or training the children and/or parents.

Summary: The Developmental and Dimensional Model. In summary, the developmental perspective on antisocial and delinquent child behaviour and the different dimensions that characterize prevention efforts constitute a framework that can be used to analyse the available programmes (Table 1). The key question is: how to fill this matrix with a selection of activities that are effective? To answer this question, we need a detailed understanding of the course of development, the factors that lead to different directions and turning points in pathways, and ways that these factors can be influenced (Elliott & Tolan, 1999; Tolan & Gorman-Smith, 1998). The current state of knowledge permits us to fill in this matrix with many different options. There is a growing body of evidence of 'what works,' which has contributed to a better understanding of the prevention of antisocial behaviour in children before age twelve.

Table 1. Aspects to characterize prevention programmes

<u>What</u> (Mediators)		<u>How</u>	
Actors	Developmental stage	Actors	Broadness target group
<p>Child</p> <ul style="list-style-type: none"> - Constitutional and physiological risk factors - Difficult temperament <p>Early behavioural, cognitive and scholastic problems</p>	<p>Pre-/perinatal (-9-2 months)</p> <ul style="list-style-type: none"> - Parents refrain from drugs, alcohol, smoking - Parents prepare on their role 	<p>Activities directed at the child, e.g.</p> <ul style="list-style-type: none"> - Limiting exposure to risk factors - Educating children. 	<p>Universal: targeted at whole populations, e.g.</p> <ul style="list-style-type: none"> - Information campaigns - Standard training of professionals
<p>Family</p> <ul style="list-style-type: none"> - Internal family management (lack of communication, bonding, love and trust; regular tensions and quarrels) - External family management (lack of control over the activities of the child outside the home) 	<p>Preschool (0-4 years)</p> <ul style="list-style-type: none"> - Healthy lifestyle family - Positive parenting - Adequate family communication - Supportive social network 	<p>Activities directed at the family, e.g.</p> <ul style="list-style-type: none"> - Parent or family support - Family skills training 	<p>Selective: targeted at high risk groups, e.g.</p> <ul style="list-style-type: none"> - Informing young mothers with low income - Training professionals that deal frequently with these mothers
<p>Significant others</p> <ul style="list-style-type: none"> - Inadequacy of dealing with behavioural and scholastic problems - Lack of positive classroom management - Peer delinquency - Gang membership 	<p>Elementary school (5-11 years)</p> <ul style="list-style-type: none"> - Parental control over external environment - Child's control over his own functioning - Adequate classroom management 	<p>Activities directed at significant others (peers, teachers), e.g.</p> <ul style="list-style-type: none"> - Peer-to-peer programmes - Classroom management programmes 	<p>Indicative: targeted at groups or individuals with identified risk factors or with beginning problems, e.g.</p> <ul style="list-style-type: none"> - Informing young mothers with low income and drug use - Training professionals that support these mothers in adequate care of the child
<p>Community, school, state</p> <ul style="list-style-type: none"> - Lack of social control - Economically disadvantaged neighbourhood - Historical, political, and cultural factors 	<p>Puberty / adolescent (12-18 years)</p> <ul style="list-style-type: none"> - Parental and social control - Child's chance to participate in social, cultural and economic activities 	<p>Activities directed at the community, school, state, e.g.</p> <ul style="list-style-type: none"> - School change programmes - Community intervention programmes 	

PREVENTIVE INTERVENTIONS

What Works: International Reviews. There are several reviews and meta-analyses that have shed light on the effectiveness of prevention programmes. These studies have helped to identify ‘evidence-based’ interventions. Although there is no explicit consensus on the number and type of studies, and the sample size required for ‘evidence-based’ status, the main characteristics of these programmes is that a number of studies with (quasi) experimental design have shown positive results. A further analysis of the ‘evidence-based’ interventions helps us to understand what risk factors can be addressed effectively at a particular moment, using a particular target group. This has led to the formulation of the famous ‘What works’ principles in crime prevention (Andrews et al., 1990). However, the literature on the effectiveness of programmes aimed at the prevention of the first offence is scarce in the Netherlands. Elsewhere, however, we have seen a shift towards a more scientific approach to prevention and improved knowledge about effective and promising interventions for children and youngsters.

Two pioneering reviews are worth mentioning here. Sherman and colleagues in ‘Preventing crime: what works, what doesn’t, what’s promising’ (1996) reviewed the quality of hundreds of programmes on the prevention of violence and criminality. They looked for factors underlying criminality and the effects of different preventive programmes. The study is a critical assessment of the preventive supply, based on a growing body of knowledge, of the effectiveness of a wide range of crime prevention strategies, operated at the local level, with and without the support of federal funds. The author distinguished between four different types of programmes.

- Programmes that work: those programmes that are known to prevent criminality or reduce risk factors in the social context for which they are set up. The results are transferable to comparable settings and at different intervals.
- Programmes that don’t work: these are programmes that have shown to be ineffective.
- Promising programmes: there is not enough data yet to make conclusive generalisations about the efficacy of the programmes.
- Other programmes of which we know a little and cannot be placed in any of the above categories.

Sherman and colleagues' (1996) review can be seen as guide on what works to prevent crime. The authors argue that until more investments are made by nations towards the evaluation of preventive interventions, we will continue to use preventive programmes without known efficacy. There needs to be a better balance between the funding of programmes together with their evaluation, and in the development of scientifically recognized standards and methodologies. At present, following the authors, most funding is devoted to policing and prisons. In addition, family, school and community environments can be more effective in the prevention of delinquency and violence through knowledge gained by funding substantive effective research.

The second major review has been undertaken by the Centre for the Study and Prevention of Violence, which evaluated hundreds of prevention programmes for violence and delinquency (Elliot, 1997). The authors selected eleven blueprint programmes based on clear and high standards of effectiveness. The three criteria for these model programmes are:

- Evidence of deterrent effect with a strong research design: The evaluation studies used a experimental or quasi-experimental design with matched groups. This category of interventions has both a good research design and a large sample size.
- Sustained effects: where post treatment-effects are still present after one year.
- Multiple site replications: where programmes have been implemented in more than one setting and with diverse populations.

Although much is known about the criteria for model programmes, far less is known about the implementation problems of the programmes. For that reason, current research efforts focus on what makes programmes a success and how to identify factors that enhance implementation of effective programs (for example, site selection, training, technical assistance, fidelity and sustainability (Elliott and Mihalic, 2004)).

PREVENTION IN THE NETHERLANDS

In the Netherlands there is a broad spectrum of programmes, projects, and methods for the prevention of problem behaviour in young children. However, this field is characterized by a lack of transparency. Recent studies have offered insight in the programmes that are used in (child) public health, mental health and youth care (Prinsen & Ligtermoet, 2006; Buskop-Kobussen & Cox, 2003; Verdurmen et al., 2003; Brezinka, 2002). In reviewing this field, Verdurmen and colleagues (2003) concluded that evaluation research is scarce, the methodology of effectiveness assessment is generally poor, costs of the intervention and treatment integrity are often ignored, and the outcomes are mixed. In addition, Ince and colleagues (2005) reviewed the Dutch prevention programmes aimed at crime prevention and supporting families, school and communities. They labelled a programme as promising if there is a clear definition and description of:

- The target group (youngsters of 0-18 years old that are not showing signs of problem behaviour yet, and/or their social context);
- The target (reduction of risk factors, strengthening protective factors);
- The method (a clear description that makes a replication in other settings possible);
- The intervention theory (explaining why this method is effective for this target in this target group).

The additional criterion for effective programmes is:

- Positive results of effectiveness research (with both internal validity and external validity).

Ince and colleagues (2005) concluded that there are five effective programmes in the Netherlands (Opstap, Overstap, Taakspel, Levensvaardigheden and Gezonde School). In addition, there are 26 promising programmes (those without the fifth criterion). Most of the preventive programmes in the Netherlands, however, are neither effective nor promising.

Hermanns, Öry and Schrijvers (2005) also undertook a review of Dutch prevention programmes and concluded that only six interventions were effective or probably effective in the early prevention of antisocial behaviour. The latter category includes programmes that are implemented in the Netherlands because research

from abroad has shown that these interventions are highly effective, although this is not yet validated by Dutch research. The six programmes are the Triple P, a programme on positive parenting (Sanders et al., 2002), a Dutch version of The Incredible Years Program (Webster-Stratton & Mihalic, 2001), VoorZorg based on the Nurse Family Partnership Program (Olds, 1998), Taakspel based on the Good Behaviour Game (Dolan et al., 1993; Barrish et al., 1969) and Kaleidoscoop/Perry Preschool (Schweinhart et al., 2005). The effective interventions done abroad, have not yet been implemented on a nationwide basis, or evaluated in the Netherlands. However, this situation is bound to change in the near future. Also, Hermanns et al. (2005) identified promising Dutch interventions, meeting quality standards, but lacking evaluations. Examples are, interventions such as the Healthy School Program and the Opvoeden Zo parenting training course (Prinsen & Ligtermoet, 2006; Kooijman & Wolzak, 2004). The state of the art with regard to the other programmes, however, is qualified as one of ‘thousand flowers flourishing’.

In summary, there is evidence on what works in crime prevention. This body of evidence is growing rapidly, and a small set of programmes has gained the status of ‘evidence-based’ intervention. A problem is that our knowledge of ‘what works’ is dominated by the programmes that have been evaluated for their effectiveness. In other words, we are still ignorant of those characteristics of promising programmes that may work, but that have not yet been evaluated. In the short term, the situation in the prevention field in the Netherlands calls for a pragmatic approach to prevent violence, delinquency and antisocial behaviour. We have to learn as much as possible from the ‘evidence-based’ programs, and at the same time increase the efforts to evaluate the promising programs. In the Netherlands, this process is beginning to take shape. Therefore, we need to take a closer look at the effective and promising programmes.

EFFECTIVE AND PROMISING PREVENTION PROGRAMMES 0-12 IN THE NETHERLANDS

Our review of prevention programmes in the Netherlands is mainly based on the two Dutch studies mentioned earlier: Ince et al. (2005) and Hermanns et al. (2005). Most of the programmes described in these studies focus on one or more of three risk factors: the persistence of early behavioural problems, academic failure, and family management problems. In addition, there is a group of programmes that focus on other risk factors. Table 2 offers an overview of the 29 prevention programmes known in the Netherlands. Nine of them proved to be effective abroad and/or in the Netherlands. These 9 programmes have been implemented in the Netherlands or are in a developing phase in this country: Opstap, Overstap, Taakspel, Triple P, Voorzorg, Incredible Years, Kaleidoscoop, and Pad and Match. They are currently used – or will be used in the near future - on a broad scale in Dutch cities and organisations. Only three of these programmes have been thoroughly tested for effectiveness in the Netherlands using (quasi) experimental designs. The other 20 programmes shown in Table 2 are promising because they have a sound rationale, although empirical evidence for their effectiveness is still lacking. We will now describe in more detail, the programmes that have been shown to be effective in the Netherlands or abroad.

Prevention of school problems: Opstap. Opstap is a preventive programme for children aged four to six years. It has been developed to improve the educational chances for children in disadvantaged neighbourhoods. The central risk factor here is academic failure. As mentioned, young children who show early cognitive and scholastic problems have a greater chance to develop problem behaviour later on in their lives. Opstap aims to stimulate the cognitive and language development of children, their active learning-attitude and the pedagogical interaction in the family. This preventive family programme is for children in group 1 (or nearly group 1) of the primary school. The parents of these children tend to have median or a low level of education. Opstap is a structured curriculum of play and learning activities. Parents are engaging in these activities together with their children around six development areas for at least five times a week. In addition, parents are guided by a contact person individually and in groups. Opstap is mostly implemented regionally by welfare agencies. Researches of the University of Utrecht (Van Tuijl, 2006; 2002, 2001) evaluated Opstap. Children from Moroccan and Turkish families who

participated in the programme were compared with children who did not participate in the programme. The children were assessed at the start (group 1), after ending of the programme (group 3) and two years later (group 5). In addition, the families were observed at home, and data was collected on school achievement, passing grades, demographic facts of the family, and aspects of programme implementation. The research showed some significant differences between the experimental and control group on school achievement, passing grades and parental attitudes. Although there were some differences within the experimental group, there were general positive programme effects in the long term.

Prevention of persistent behavioural problems: *Taakspel*. *Taakspel* is aimed at the prevention of disruptive behaviour of children, the promotion of task-oriented behaviour and a positive educational climate in the classroom. The aim is to decrease early disruptive behaviour (Attention Deficit/Hyperactivity Problems, Oppositional Defiant Problems and Conduct Problems) and enhance positive behaviour in an early phase, class 4 till 8 from primary school (age 8-12 years). The underlying factor of risk here is 'early and persistent behaviour'. *Taakspel*, based on the American 'Good Behaviour game', is group-orientated and consists of regular lessons in which children learn through play how to better follow rules in the classroom. After a period of orientation the teacher divides the class into several teams. Team players stimulate each other to follow the rules and thereby become eligible for a reward. *Taakspel* can focus on a few or on many rules, it can be played for different lengths of time, and the rewards can be given immediately or sometimes. As a result of the intervention, teachers learn to better pay attention to positive child behaviours. In addition, the children receive attention when they show positive behaviour. *Taakspel* has been developed for children of group 4 and 5 of the primary schools (age 8-10 years) and serves as a universal prevention programme for the whole class.

Taakspel has been evaluated in a quasi-experimental design with improvement on task orientation and rule violation of children. The behaviour of the children in the experimental group improved, while the behaviour of children in the control group became worse. The programme has also been evaluated through follow-up studies, showing that children with moderate levels of problem behaviour responded best to the intervention. Children with serious behaviour problems responded partly to the intervention. This is in keeping with the goal of the programme: intervention of early behavioural problems. None of the evaluation studies showed zero or negative results. American evaluations also have shown positive results in large-scale epidemiological studies (Van Lier, 2002; Barrish et al., 1969).

Prevention of family problems: Triple P. Triple P stands for Positive Parenting Program, which is based on an Australian intervention aimed at supporting parenting skills for parents of children and adolescents from birth to age 16 (Sanders et al., 2002). It is the only multi-level system of parenting and family support specifically

developed as a population level strategy and a public health approach to promote children's wellbeing (Sanders et al., 2005). Triple P aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It incorporates five levels of intervention on a tiered continuum of increasing strength (from the universal level 1 to the enhanced level 5). Interventions target everyday social contexts that influence parents including the mass media, primary health care services, preschool, childcare and school systems, religious organisations, and the political system. Parents learn to use ongoing interaction in the family to support their children emotionally and to stimulate their social competencies and problem solving skills. This approach reinforces the positive forces in the family and empowers the parenting skills of the parents as well as it counteracts risk factors. Triple P applies principles and strategies derived from social learning theory to increase parents' self-efficacy in raising their children. It targets five core-parenting principles: Creating a safe engaging environment for children; creating a positive learning environment; assertive discipline; reasonable expectations; and, looking after oneself as a parent. Parents in turn learn how to encourage children to develop a variety of social and emotional skills to succeed at school and in relationships. Children learn how to communicate and get on with others, manage their feelings, become independent and solve problems for themselves. All together, the different kinds of family and parenting supports constitute an integrated system of interventions that is fully responding to the needs of parents for information and parenting support. In that sense, Triple P is cost effective, which means that parents receive the proper level of support. Some parents are satisfied by getting information, while others need a more intensive support in order to become empowered. One of the characteristics of Triple P is its flexibility. It varies by the age of the children and it can be offered in different ways: individually or group wise, digitally or by book and there is also a self-help programme. The different levels are: a mass media information campaign, information and advice about behaviour and development of children, support for serious behaviour problems, and family interventions when serious behaviour problems occur. The Dutch national institute on mental health, the Trimbos Institute, in cooperation with the universities of Nijmegen and Leiden, has undertaken a controlled group design study during the experimental phase of the programme implementation in 2005 and 2006. Results supported the outcomes of research in Australia where Triple P has been researched by 12 RCTs (Randomised Control Trials). The conclusion is that Triple P can be seen as an effective programme (De Graaf et al., 2007; Hermanns et al., 2005). Significant effects were found especially at the intervention levels 2, 3 en 4 (Bor et al., in press). The effects are positive and were maintained over six months after the conclusion of the programme. Thus, evaluations using different designs at various intervals and different cultures showed that Triple P is effective in the prevention of behaviour problems of children and the participation of parents in educating their children (Hermanns et al., 2005; Sanders et al., 2002; Sultana et al., 2000).

Table 2. *An overview of Prevention programmes in the Netherlands.*

Programme	Risk factors addressed	Age (timing)	Activities (ingredients)	Effective-ness*
School problems				
Opstap	Academic failure	0-6 years	Selective activities in school	NL
Overstap	Academic failure	6-8 years	Selective activities in school	NL
Kaleidoscoop	Academic failure	2-6 years	Preschools/schools/universal/selective	Abroad
Instapje	Academic failure	0-2 years	Families/selective	?
Boekenpret	Academic failure	0-6 years	Schools/selective	?
Bij de Hand	Academic failure	1-4 years	Families/selective	?
Opstapje	Academic failure	2-4 years	Families/selective	?
Piramide	Academic failure	2-6 years	Schools/selective	?
Startblokken en Basisontwikkeling Fantasia	Academic failure	2-8 years	Schools/selective	?
Rugzak	Academic failure	4-12 years	Schools/universal	?
Stap door!	Academic failure	4-6 years	Families/selective	?
	Academic failure	7-8 year	Schools/selective	?
Persistence of behaviour problems				
Taakspel	Early and persistent anti-social behaviour	8-10 years	Schools/universal	NL
Match (Big brothers, big sisters)	Early and persistent anti-social behaviour; Early initiation of problem behaviour; Rebelliousness	4-14 years	Schools/friends/selective	Abroad
Pad	Early and persistent anti-social behaviour; Friends with problem behaviour; Positive attitude towards problem behaviour	6-12 years	Schools/universal	Abroad
Leefstijl	Early and persistent anti-social behaviour; Friends with problem behaviour; Positive attitude towards problem behaviour; Early initiation of problem behaviour	4-18 years	Schools/universal	?
Marietje Kessels	Positive attitude towards problem behaviour; Friends with problem behaviour	10-12 years	Schools/universal	?
Schooladoptieproject/Doe effe normal	Positive attitude towards problem behaviour; Friends with problem behaviour; Early initiation of problem behaviour	10-12 years	Schools/universal	?
Psycho-educatieve gezinsinterventie KOPP	History of problem behaviour; Constitutional factors	4-14 years	Families/selective	?
Kopp-preventieprojecten	History of problem behaviour; Constitutional factors	8-16 years	Peers/selective	?

Family problems

Triple P	Family management problems	0-16 years	Families and communities; Universal/ selective and indicated	Abroad
Moeders informeren Moeders	Family management problems; constitutional factors	0-2 years	Families/selective	?
Home-Start	Family management problems; Family conflicts	0-6 years	Families/selective	?
Opvoeden: Zo	Family management problems; Family conflicts	3-12 years	Families/universal	?
Mixed				
Drukke kinderen	Family management problems; Family conflicts; Early and persistent anti-social behaviour; Constitutional factors	4-12 years	Families/selective	?
Voorzorg	Family management problems; History of family problem behaviour; Family conflicts	-0-2,5 years	Families/selective	Abroad
Incredible years	Family management problems; Parenting style; History of problem behaviour; early and persistent anti-social behaviour; Lack of commitment towards schools	3-9 years	Families/schools/ indicated	Abroad
Thuis op straat	Mobility, Lack of bonding and disorganisation in the community	2-19 years	Community/universal	?
Waarden en normen in jeugdwerk	Norms that invoke problem behaviour; Lack of bonding and disorganisation of the community	0-18 years	Community/universal	?

Note. Effectiveness: NL = One or more (quasi) experimental studies in the Netherlands showed positive outcomes; Abroad = One or more (quasi) experimental studies outside the Netherlands showed positive outcomes; ? = No (quasi) experimental studies.

CONCLUSION

We described the principles of effective prevention of anti-social child behaviour from a developmental perspective.. We examined the changing Dutch situation by sketching the first steps of renovation of both the prevention and evaluation practice in the Netherlands. .

Preventing anti-social behaviour is not new and research on this topic has had a long history. We see changes in prevention practices as an answer towards the growing problem of youth delinquency in Dutch society. New and interesting programmes have been initiated, firstly abroad but more recently in the Netherlands based on the principle of ‘what works’. These initiatives focused on programme results and programme efficiency. .

We presented a developmental model for prevention which can be used to examine the extent to which prevention is practiced and to set the agenda for the future prevention efforts. Important questions for prevention include, the underlying risk factors (where), the timing (when), and the targeting (how). Seen from this developmental perspective, we presented 9 effective and probably effective Dutch programmes: Opstap, Overstap, Taakspel, Triple P, Voorzorg, Incredible Years, Kaleidoscoop, Pad and Match. In addition , there are many promising programmes that have a good underlying theory and a clear methodology.

In our review of the Dutch prevention field, we noted that there are effective or probably effective programmes for children. They have been researched elsewhere, and sometimes in the Netherlands. For other programmes, Dutch experimental research is planned in the near future. At the present, we can note that several Dutch programmes are promising, but evaluation research needs to be set up in the near future. We can also see that most of the effective and promising programmes are geared towards families and schools. There are few programmes for peers and communities. Thus, family management problems and academic failure are covered where as many other risk factors are not.

There are more promising and effective preventive programmes in the Netherlands than is often assumed. Hopefully in the near future we can further expand the number of preventive programmes and strengthen the positive social development of children. For this investment to continue, it is important that we can indicate

which programmes are effective and which ones are not. It is important that this knowledge is accessible to people who work with children on a daily basis as well as to organisations who are funding this important work. It is also important that we not only know what works but also what are the conditions under which effective programmes work well. Questions about implementation and dissemination of effective programmes on a broader scale are sometimes neglected and do not receive the scientific interest they need. The prevention of anti-social child behaviour is important and needs national and local investments. Our children and our society deserve this support, now and for the future.